

**CLAIMS ONLY**

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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50						
Total						
Indep.						
Total						
Depend.						
Total						
Claims						

may be used for additional claims or amendments

BEST AVAILABLE COPY